ARIZONA STATE BOARD OF HEALTH State File No. 140	
I I PLACE OF BIRTH	TAL STATISTICS Registered No.
County Alla	State Wrigona ;
District or Township Or Village	
City Mani No./0/4 Sullwan St. St., Ward	
2. Full name of child avelards Estevan) If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or other	
8. FATHER	14. MOTHER
Full name Frederick Estivane	Full maiden name alberta Barela
9. Residence (Usual place of abode) Miami,	15. Residence (Usual place of abode) Miami,
If non-resident, give place and state. Wyona-	If non-resident, give place and state.
10. Color or race	16. Color or race
11. Age at last birthdag (Years)	Mely. 17. Age at last birthday (Years)
12. Birthplace (city or place) Picacho	18. Birthplace (city or place) Bellew
(State or country)	(State or country) New My
13. Occupation	19. Occupation
Nature of Industry Handard Turn. Co.	Nature of Industry Housewife
20. Mallioet of Children of The	ve but now dead 21. Were precaution taken against oph- thalmia neonatoram?
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 30	
(Born alive or stillbern)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife.)	
Given name added from a supplementl report	Ywami, Wryonio
	$1(\sqrt{2})$
Filed Registrar.	Registrar.

155-1115-12-1